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Runaways and Street Kids: Risks and Interventions for Homeless Youth

Joanna R. Love

Abstract: The National Runaway Switchboard estimated in 2001 that over one million youths run away from home each year (Springer, 2001). Street life for adolescents who run away or experience homelessness presents a profusion of stressors, including lack of social support, and increased risk of attempting suicide, sexual victimization, and discrimination (Kidd & Carroll, 2007). The high prevalence of youth becoming homeless, as well as the dangers of living on the streets indicates a critical need for crisis interventions for runaway youths. Interventions for homeless youth must address the various concerns of the individual adolescent. This paper briefly reviews literature identifying contributing risk factors, dangers, and treatment interventions for runaway adolescents.

The National Runaway Switchboard estimated in 2001 that over one million youths run away from home each year (Springer, 2001). Multiple definitions indicate that runaways are youths who have left home overnight or for an extended period without permission from parents or guardians (Springer). Homeless youth are those without stable housing and “substantial involvement in ‘street’ culture” (Peterson, Baer, Well, Ginzler, & Garrett, 2006), while a homeless episode is often defined as spending at least one night in a shelter or on the streets (Milburn, Ayala, Rice, Batterham & Rotheram-Borus, 2006). The term “street kids” describes urban, homeless youth with no supportive family context (Taylor, Lydon, Bougie & Johannsen, 2004). Homelessness among adolescents may also occur due to parent rejection or abandonment; in contrast to runaways, these youths may be labeled in literature as throwaways, pushouts or castaways (Springer). Newly homeless youth are those who have recently left their homes, while chronically homeless youth are those who have been out of home for extended periods of time or have had several homeless episodes (Milburn et al., 2006). The high prevalence of youth becoming homeless, as well as the dangers of living on the streets indicates a critical need for crisis interventions for runaway youths. This paper briefly reviews literature identifying contributing risk factors, dangers, and treatment interventions for runaway adolescents.

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RISK FACTORS CONTRIBUTING TO RUNAWAY BEHAVIOR

It is important to assess youth for possible risk factors for runaway behavior, such as demographic characteristics, mental health diagnosis, lack of family support, history of physical or sexual abuse, substance use, and history of running away or being in state custody (Embry, Vanderstoep, Evens, Ryan, & Pollock, 2000). Some reports indicate that homeless youth are equally likely be male or female, and that prevalence rates of homeless youth by ethnicity are similar to the ethnic makeup of the community (Rotheram-Borus, Mahler, Koopman, & Langabeer, 1996). However, some research indicates that newly homeless adolescents are more likely to be younger, female, heterosexual, Latino, attending school, and to come from single parent families (Milburn et al., 2006). Furthermore, lesbian, gay or bisexual (LGB) youth are also at increased risk of becoming homeless (Rotheram-Borus, 1996).

The risk of homelessness among adolescents is high among youth with diagnoses from the *Diagnostic and Statistical Manual* (4th ed.; American Psychiatric Association, 1994). Prevalence estimates vary among researchers; Embry, Vanderstoep, Evens, Ryan, & Pollock (2000) review literature indicating that among homeless youths, 21%-92% have conduct disorder, 15%-49% have depression, 6%-31% have attention-deficit/hyperactivity disorder, 12%-38% have post-traumatic stress disorder, and 2%-30% have schizophrenia or other psychotic disorders. One study indicates that perhaps as many as one third of teenagers released from residential treatment facilities experience homeless episodes within the first five years (Embry, Vanderstoep, Evens, Ryan, & Pollock, 2000).

The most frequently cited reason that youth become homeless, however, is lack of a supportive and functional family (Rotheram-Borus, 1996). Family stressors increasing the risk of adolescent homelessness may include death of a family member, divorce or separation, or loss of a job (Rotheram-Borus). Many researchers agree that family abuse leads adolescents to run away from home (Milburn, Ayala, Rice, Batterham & Rotheram-Borus, 2006). Springer (2001) suggests that the most common reason for running away from home is to escape physical abuse or negative family environments. In one study, Kurtz, Jarvis, and Kurtz (1991) found

that 20 percent of homeless youth experienced domestic violence (Springer, 2001). Substance abuse is also a significant problem among runaway adolescents and street kids. Teare, Authier, and Peterson (1994) found that one half of children at a runaway shelter reported drug- or alcohol-related problems in their homes (Springer, 2001). Other risk factors for adolescents becoming homeless include adolescent pregnancy or parenthood, and problems with school or peers (Rotheram-Borus). Mental health diagnoses, lack of family support, history of physical or sexual abuse, substance use, and past history of running away or being in state custody, pregnancy or interpersonal problems at school increase an adolescents risk of becoming homeless.

DIFFICULTIES AND DANGERS OF ADOLESCENT HOMELESSNESS

Street life for adolescents who run away or experience homelessness presents a profusion of stressors, including lack of social support, and increased risk of attempting suicide, sexual victimization, and discrimination (Kidd & Carroll, 2007). These adolescents may also lack positive coping skills for managing these stressors, increasing their risk of mental and physical health problems (Chun & Springer, 2005). In a study of behavior motivation, Taylor, Lydon, Bougie & Johannsen (2004) found that most street kids trust neither authority figures nor friends, and trust in family members is associated with guilt or pressure not to let others down. Thus, it appears that many homeless youth lack essential support networks that would otherwise alleviate the stress of street life. Furthermore, homeless youths who admire their peers are more likely to feel depressed or ill, and those who believe their behavior is not respected by society experience greater anxiety (Taylor et al., 2004). Research indicates that runaway teenagers, especially females and gay youth, have decreased self-esteem and increased feelings of hopelessness (Springer, 2001). Completed suicide is associated with many known risk factors of runaway behavior, including physical or sexual abuse, psychological diagnosis, and substance abuse, as well as many dangers of living on the streets, such as sexual victimization (Kidd & Carroll, 2007). Consequently, suicidality is increased among runaway populations; some research suggests that suicide is the leading cause of death among homeless adolescents (Kidd & Carroll). Studies clearly indicate that homeless and runaway adolescents are at a greater risk for interpersonal difficulties, emotional distress and mental health problems.

Furthermore, without financial means to support themselves, some adolescents may be forced into drug trade, prostitution or other forms of criminal activity (Springer, 2001). Substance abuse and illicit drug use is a significant problem among runaway adolescents. Kruks (1991) found “survival sex,” or juvenile prostitution, to be a greater risk for gay or bisexual youths (Springer). Increased activity in risky behaviors leads to an increased risk for pregnancy or contracting HIV and AIDS (Springer). Runaway youths may also develop mental or physical health problems, and existing problems may be exacerbated by street conditions and negative experiences (Milburn, Ayala, Rice, Batterham & Rotheram-Borus, 2006). In addition, runaway behavior may lead to chronic homelessness and increased dysfunctional behaviors (Milburn et al., 2006).

Homeless adolescents experience significant distress due to discrimination; these prejudices are the result of the stigmas associated with homelessness, racial or ethnic prejudices, and negative attitudes toward being lesbian, gay, or bisexual (Milburn, Ayala, Rice, Batterham & Rotheram-Borus, 2006). While many homeless individuals are avoided because of fear and prejudice, homeless youth who identify as lesbian, gay, or bisexual (LGB) are more likely to be harassed, verbally or physically abused and assaulted than non-LGB homeless youth (Milburn et al., 2006). LGB youth may experience the most severe discrimination in the form of harassment from family, peers, and police, as a “marginalized group even among homeless adolescents who are already marginalized” (Milburn et al.). Research indicates that homeless adolescents’ perceptions of harassment due to sexual orientation (being LGB) is persistent across time (Milburn et al.). Therefore, being LGB is both a risk factor for becoming homeless as well as a source of distress and discrimination for youth who become homeless. Because the dangers of homelessness affect the physical health, mental health, self-esteem, well-being and safety of runaway and homeless adolescents, interventions and treatment strategies are crucial.

INTERVENTION STRATEGIES FOR RUNAWAY YOUTH

It is clear that interventions for homeless youth must address the various concerns of the individual adolescent. Crisis shelters provide multiple resources including, temporary housing, crisis intervention, outreach, individual and family counseling, and case management (Pollio, Thompson, Tobias, Reid & Spitznagel, 2006). Shelters providing essential

services for runaway or homeless adolescents are shown to have positive short-term effects (Barber, Fonagy, Fultz, Simulinas & Yates, 2005). Unfortunately, some longitudinal evidence suggests that some treatment gains (including decreased risky sexual activity, increased school performance, employment and increased self esteem) are inconsistent or not maintained 6 months after discharge in a sample of 12-18 year old homeless youth (Pollio, et al. 2006). However, a study of older youth (or rather, emerging adults aged 18-21) in a crisis shelter, demonstrated that implementing a program offering medical, psychosocial and practical services allows youth from disadvantaged backgrounds to transition into adulthood, find stable housing, and decrease distress levels and psychiatric symptoms (Barber, Fonagy, Fultz, Simulinas & Yates, 2005).

Despite the dangers of living on the streets, some subgroups of chronically homeless youth, (i.e. "street kids") intentionally avoid social services or shelters (Taylor, Lydon, Bougie & Johannsen, 2004). It is essential to build rapport while providing for basic needs; this may entail getting to know the youth at a drop-in center for a free meal each day (Taylor et al., 2004). To properly address the specific emotional needs of homeless youth, psychotherapeutic interventions should include discussions of discrimination, cultural concerns, and sexual identity (Milburn, et al., 2006). Other important themes to discuss with runaway adolescents include school performance, relationships with parents, divorce, and inappropriate family boundaries (Riley, Greif, Caplan & Macaulay, 2004).

Furthermore, research demonstrates that family involvement in the life and concerns of the adolescent increases the likelihood of the adolescent leaving the streets to find stable shelter. Some researchers suggest that returning home has positive effects, such as staying in school, staying out of trouble with police, and remaining home (Milburn, Ayala, Rice, Batterham & Rotheram-Borus, 2006). Even though some youth tend not to return home, it appears that contact from family members, whether negative or positive, elicits a positive response from runaway adolescents (Milburn et al., 2006). This indicates that treatment interventions for runaway populations should include family therapy or systems components.

Because of the high prevalence of drug and alcohol use among homeless adolescents, much of the research focuses on substance abuse treatment. Peterson, Baer, Well, Ginzler, & Garrett (2006) used a brief motivational intervention with substance abusing homeless youth. The

brief motivational intervention (BMI) is similar to motivational interviewing with adults, beginning with a check-up, involving feedback presented by clinicians with information also provided in a colorful booklet. During feedback, the youth are informed about frequency norms of drug or alcohol use, and rates of substance use are compared to normative behaviors of a national sample as well as a sample of local homeless youth. The adolescents are also educated about the risks of alcohol and drug use, symptoms of substance dependence. Drug use was assessed within the youth's social networks. The clinicians were all trained in motivational interviewing techniques, and maintained nonconfrontational, respectful attitudes toward the youths. The clinicians discuss personal motivation for change and goal setting, offering advice regarding options for change only with the adolescent's permission. While the researchers found no decrease in alcohol or marijuana use, they found short-term reduction of other illicit drug use (other than marijuana) for the youths who received the treatment (Peterson et al., 2006). Despite research limitations, this study may suggest the efficacy of brief treatments for illicit drug abuse among homeless populations. Regardless of the intervention, treatment for runaway and homeless youth should focus on building rapport, showing respect toward youths, offering basic support services, and involving parents whenever possible.

CONCLUSIONS

This paper briefly reviews a few studies regarding runaway adolescent risks and crisis interventions. The high prevalence of runaway youths and the risks involved with homelessness indicate a significant need for practical and psychosocial services. Mental health services may be focused on specific diagnoses, substance abuse, family physical or sexual abuse, cultural issues, and discrimination. Brief motivational interventions may be used to help decrease illicit drug use (other than marijuana) in homeless adolescents. Psychoeducation may be necessary to assist these youths in gaining employment, increasing school performance, or learning alternatives to high-risk behaviors. Crisis shelters provide effective temporary support for these adolescents, but further research is needed to determine effective long-term treatment.

Researching this population is difficult due to the transient nature of homeless adolescents. Milburn et al., (2006) recommend further research comparing discrimination experiences of homeless LGB youth and the

experiences of nonhomeless LGB youth. Future research may also examine in depth the experiences of homeless racial and ethnic minority youth, as well as those who identify as transgender. Future effectiveness research should also include a comparison group with homeless or runaway youths who do not seek services (Pollio, et al., 2006). Finally, future research should also examine barriers that prevent youths from seeking treatment and identify means of helping youth receive services.

Most importantly, advocacy for this population is imperative, to assure that homeless youths, whether runaways or street kids, receive access to the services they require. Parent education may be beneficial to prevent youth from running away, as runaway youths would often rather face the stressors of the streets than return to their homes. Springer (2001) recommends collaboration among agencies to develop individualized treatment plans that meet each adolescent's unique needs. As more research is conducted, mental health professionals should be open to implementing empirically supported treatments that meet the needs of the adolescent's individual situation. Professionals should educate themselves about the stressors and risks that separate this population from more mainstream adolescents. Finally, it would be valuable for professionals to spend time volunteering at a crisis shelter or group home to gain direct experience working with and learning from runaway and homeless youths. Increased education and experience with runaway youth and the associated risks and needs will lead to better and more effective treatment interventions for this unique population.

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